





LOCATION: Pershing Community Learning Center 2006-2007

CHILD'S FIRST AND LAST NAME:		STUDENT ID#:		
☐ Male ☐ Female Age: Gra	de: Date of Birth:			
ETHNICITY:	OTHER O	UESTIONS:		
☐ Native American ☐ Euro Ame	Pacific Islander American Bastern American Ethnicity American My child Native I My child Native I My child Native I	 ☐ My child qualifies for free or reduced lunch ☐ My child is an English Language Learner Native Lang ☐ My child receives special education service s during school hours ☐ My child is new to this school 		
PROGRAM: □AM only □ PM only □ AM	M & PM □ Kindergarten Wrap-Around □	Full Day Program/Other:		
* FOR CLUB PARTICIPANTS ONLY A' At the end of the club my youth will: □be p				
MEDICAL INFORMATION/SPECIAL Rallergies to food/medications, special diets or	r any conditions that may affect your child			
medications your child is taking or please inc				
medications your child is taking or please incomplete				
FAMILY INFORMATION PARENTAL STATUS: □Single □Married	□Widowed □Divorced □Separated □	Re-married		
FAMILY INFORMATION PARENTAL STATUS: □Single □Married CUSTODIAL & LEGAL GUARDIAN IS: □ MOTHER/LEGAL GUARDIAN INFORM	□Widowed □Divorced □Separated □ □Both Mother & Father □Mother □Fat	Re-married		
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Over for more required information

AUTHORIZED ESCORTS OTHER THAN PARENT/GUARDIAN OR EMERGENCY CONTACTS: (N/A IF NOT APPILCABIE) NAME: PHONE: PHONE: NAME: PHONE: PHONE: PARENT/GUARDIAN PARTICIPATION OUESTIONS YOUR PARTICIPATION IS VALUED! We are committed to providing a safe and stimulating environment for your child. Our programs depend upon the talents and resources from many in our community. Please check which of the following contributions you may be able to make. I would assist with food/snacks. I would like to give a financial donation to support the CLC to assist low-income families' program fees. My employer and/or company may be able to help financially or with donations. I would like to give a financial donation to support the CLC to assist low-income families' program fees. My employer and/or company may be able to help financially or with donations. I would like to participate on the School Neighborhood Advisory Committee. PERMISSION FORM YES NO I give staff permission to use photographs, writings, artwork, TV appearances, etc. for the promotional materials, presentations and documentary purposes. YES NO I give staff permission to transport my child for the purpose of program activities. YES NO I give provision for CLC staff to share and receive necessary information from all CLC partners to assist with providing the best program experience for my child. YES NO I give permission for the CLC lead agent on be reached and it is necessary to preserve the health of my child/cen) until such time then I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency metale facility. CHILD'S PHYSICIAN: PHONE: PHONE: PHONE: PHONE:	EMER	GENCY		ACTS AND INFORM ACTS IN CASE OF EM	MERGENCY AND PARENT/GUAR	DIAN CANNOT BE REACHED:
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